BROWN COUNTY HEALTH CARE CENTER

2900 ST. ANTHONY DRIVE

GREEN BAY Phone: (920) 391-4700 Ownershi p: 54311 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 93 No Total Licensed Bed Capacity (12/31/01): 102 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 87 Average Daily Census: 87

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	13. 8
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	4. 6	 Under 65	32. 2	1 - 4 Years More Than 4 Years	46. 0 40. 2
Day Services	No No	Mental Illness (Org./Psy)	36. 8	65 - 74	23. 0	More man 4 fears	40. £
Respite Care	No	Mental Illness (Other)	48. 3	75 - 84	26. 4	I	100. 0
Adult Day Care	No	Al cohol & Other Drug Abuse	1. 1	85 - 94	18. 4	********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	0. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0	İ	j	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	67. 8		
Transportation	No	Cerebrovascul ar	2. 3			RNs	10. 4
Referral Service	No	Di abetes	4. 6	Sex	%	LPNs	12. 6
Other Services	No	Respiratory	0. 0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	2. 3	Male	40. 2	Aides, & Orderlies	50 . 6
Mentally Ill	Yes			Female	59.8		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	76	96. 2	107	0	0.0	0	8	100.0	170	0	0.0	0	0	0.0	0	84	96. 6
Intermediate				3	3.8	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		79	100.0		0	0.0		8	100.0		0	0.0		0	0.0		87	100. 0

County: Brown BROWN COUNTY HEALTH CARE CENTER

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	s, and Activities as of 12	2/31/01
Deaths During Reporting Period	l						
				%	6 Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	0. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1. 1		62. 1	36. 8	87
Other Nursing Homes	5. 3	Dressi ng	10. 3		77. 0	12. 6	87
Acute Care Hospitals	21. 1	Transferring	55. 2		31. 0	13. 8	87
Psych. HospMR/DD Facilities	57. 9	Toilet Use	29. 9		51. 7	18. 4	87
Rehabilitation Hospitals	0.0	Eati ng	18. 4		72. 4	9. 2	87
Other Locations	15.8	********************	******	*****	*********	*******	******
Total Number of Admissions	19	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	1. 1		Respiratory Care	1. 1
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	54 . 0	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	41. 4	Recei vi ng	Sucti oni ng	1. 1
Other Nursing Homes	15. 0	_			Recei vi ng	Ostomy Care	1. 1
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feedi ng	2. 3
Psych. HospMR/DD Facilities	5.0	Physically Restrained	i	10. 3	Recei vi ng	Mechanically Altered Diet	s 54.0
Rehabilitation Hospitals	5. 0						
Other Locations	35.0	Skin Care			Other Reside	nt Characteristics	
Deaths	40.0	With Pressure Sores		3. 4	Have Advan	ce Directives	79. 3
Total Number of Discharges		With Rashes		13. 8	Medi cati ons		
(Including Deaths)	20				Recei vi ng	Psychoactive Drugs	82. 8
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	This	Other	Hospital -	Al I		
	Facility	Based F	aci li ti es	Fac	cilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	84. 9	88. 1	0. 96	84. 6	1.00	
Current Residents from In-County	88. 5	83. 9	1.06	77. 0	1. 15	
Admissions from In-County, Still Residing	57. 9	14. 8	3. 91	20. 8	2. 78	
Admissions/Average Daily Census	21. 8	202. 6	0. 11	128. 9	0. 17	
Discharges/Average Daily Census	23. 0	203. 2	0. 11	130. 0	0. 18	
Discharges To Private Residence/Average Daily Census	0. 0	106. 2	0.00	52. 8	0.00	
Residents Receiving Skilled Care	96. 6	92. 9	1. 04	85. 3	1. 13	
Residents Aged 65 and Older	67. 8	91. 2	0. 74	87. 5	0. 78	
Title 19 (Medicaid) Funded Residents	90. 8	66. 3	1. 37	68. 7	1. 32	
Private Pay Funded Residents	9. 2	22. 9	0. 40	22. 0	0. 42	
Developmentally Disabled Residents	4. 6	1. 6	2.94	7. 6	0. 61	
Mentally Ill Residents	85. 1	31. 3	2. 72	33. 8	2. 52	
General Medical Service Residents	2. 3	20. 4	0. 11	19. 4	0. 12	
Impaired ADL (Mean)*	48. 0	49. 9	0. 96	49. 3	0. 98	
Psychological Problems	82. 8	53. 6	1. 54	51. 9	1. 60	
Nursing Care Required (Mean)*	9. 6	7. 9	1. 21	7. 3	1. 31	